${\bf PART~B-FEE(S)~TRANSMITTAL}$

Complete and send this form, together with applicable fee(s), to:

Mail Stop ISSUE Fee

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

(703) 746-4000 Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPON Block 1)	DDRESS (Note:	Legibly mark-up with an								
WOODCOCK WASHBURN LLP Cira Centre 2929 Arch Street, 12th Floor Philadelphia, PA 19104-2891										
APPLICATION NO. 10/626,445		FILING DATE 07/23/2003		FIRST NAMED INV TIMOTHY LOVE				NEY DOCKET NO. 32/ORT1377USDIV1	CONFIRMATION NO. 1837	
TITLE OF INVENTION: DNAS ENCODING MURINE HISTAMINE RECEPTORS OF THE H4 SUBTYPE AND ENCODED PROTEIN										
APPLN. TYPE NONPROVISIONAL			ISSUE FEE \$1400	PREV. PAID ISSU \$0	E FEE	PUBLICATION FEE \$300		TOTAL FEE(S) DUE \$1700	DUE DATE 02/05/2007	
EXAMINER ART UNIT KOLKER, DANIEL E. 1649					CLASS-SUBCLASS 435-069100					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 						2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or ty PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent CFR 3.11 Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE ORTHO-MCNEIL PHARMACEUTICAL, INC.										
Please check the appropriate assignee category indicated below (will not be printed on the patent)						☐ individual ☐ corporation or other private group entity ☐ Government				
4a. The following fee(s) are enclosed:						4b. Payment of Fee(s):(Please first reapply any previously paid issue fee shown above)				
☒ Issue Fee						A check in the amount of the fee(s) is enclosed.				
☑ Publication Fee						The Commissioner is hereby authorized to charge the issue fee, publication fee and any deficiency or credit any overpayment of the fees associated with this communication to				
Advance Order - # of Copies Deposit Account No. 23-3050. 5. Change in Entity Status (from status indicated below)										
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
Authorized Signature /Brian A. Cocca/ Da						Date JANUARY 19, 2007				
Typed or printed name BRIAN A. COCCA Registration No. 58,583										
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.										
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR										

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.